



For additional information on Indiana's eligibility policy, mediation guidelines, or other aspects of First Steps described in this report, and to get the name and telephone number of your local First Steps office, contact:

Indiana First Steps by telephone at **1 (317) 232-1144** or toll-free in Indiana **1 (800) 441-7837** or visit our web site at www.state.in.us/fssa/first_step/.

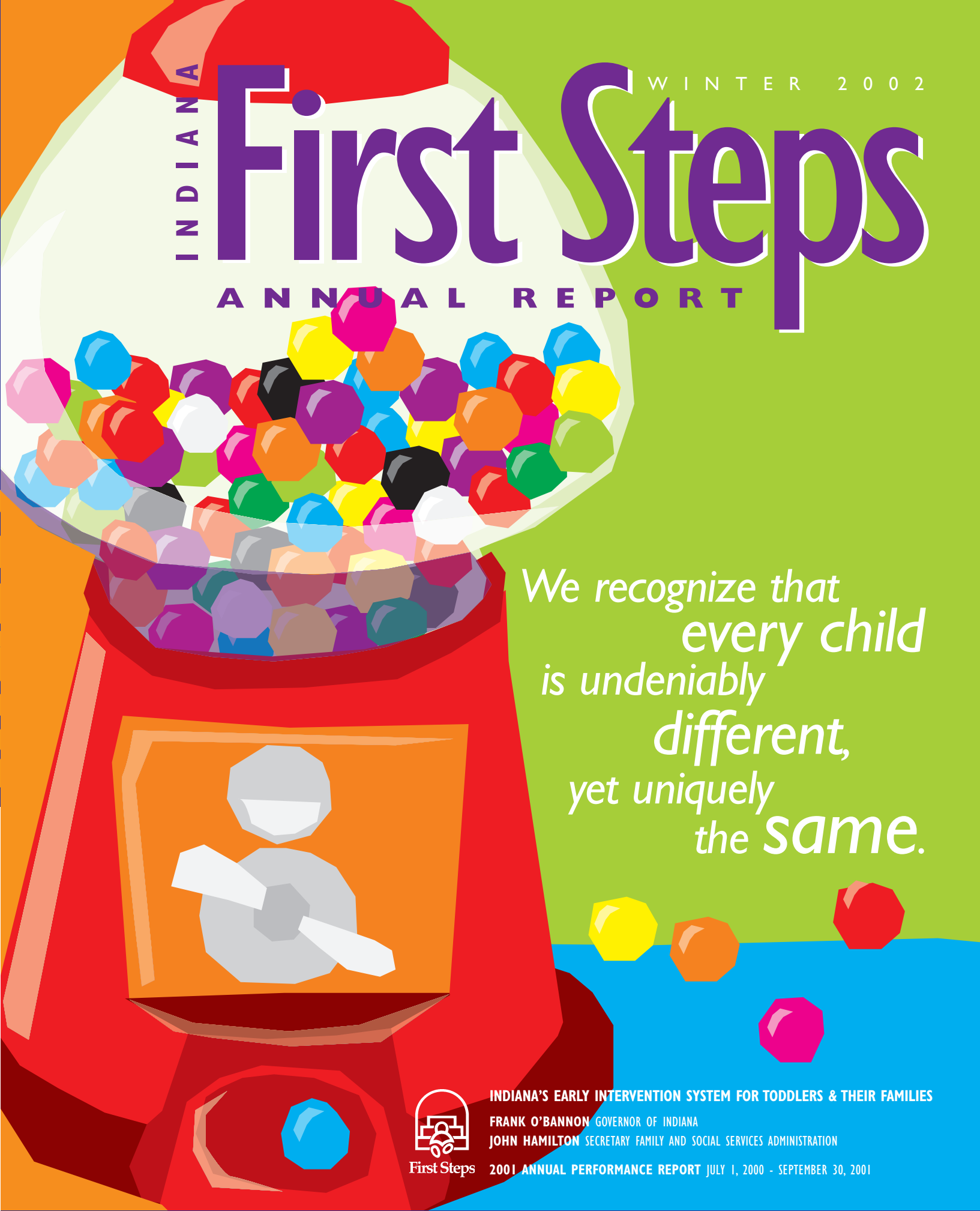


First Steps

Family & Social Services Administration
Division of Family & Children
Bureau of Child Development
402 W. Washington Street, Room W-386
Indianapolis, Indiana 46204-2739
(800) 441-7837



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INDIANA **First Steps** ANNUAL REPORT

WINTER 2002

We recognize that every child is undeniably different, yet uniquely the same.



First Steps

INDIANA'S EARLY INTERVENTION SYSTEM FOR TODDLERS & THEIR FAMILIES
FRANK O'BANNON GOVERNOR OF INDIANA
JOHN HAMILTON SECRETARY FAMILY AND SOCIAL SERVICES ADMINISTRATION
2001 ANNUAL PERFORMANCE REPORT JULY 1, 2000 - SEPTEMBER 30, 2001

Indiana First Steps is please to present the 2001 annual progress report in place of the Winter 2001 issue of KIDSteps Magazine. The regular publication of KIDSteps Magazine will resume with the Spring 2002 issue.

Dear Governor O'Bannon,

I am pleased to present to you the annual report of the Governor's Interagency Coordinating Council on Infants and Toddlers for 2000-2001. The past year has been one of challenge and opportunity for the First Steps Early Intervention System.

The growth trend that First Steps has experienced over the past several years still continues at a consistent rate. The locally-driven system of Child Find in Indiana plays a key role in our success at identifying children when they are very young and intervening when brain development is occurring at a rapid pace. This early intervention gives us the opportunity to work with families to impact the development of their young child.

As our ever-changing system of service delivery has evolved across time; opportunities for growth and development of the system have emerged. The Bureau of Child Development put much effort into examining these opportunities over the past few years, with active participation from system stakeholders and the legislature. A number of recommendations are now being considered by the Family Social Services Administration to enhance the efficiency and effectiveness of the system.

One of the largest changes in process is the development of a cost participation policy for families. Beginning in July 2002, families will be asked to pay a portion of the cost of services for their infants and toddlers, based on their income and ability to pay. Most stakeholders agreed that the final legislation was reasonable with its income level requirements and allowable exemptions for families with exceptional medical or personal care expenses for their child or family. Only time and experience will tell us if the fee is effective in supporting the cost of the service system or if it will impact the participation of families in the system.

For the past several months, First Steps, along with the Department of Education's Division of Special Education, has participated in a self-assessment process as part of the Continuous Improvement Monitoring Process for the US Department of Education's Office of Special Education Programs (OSEP). Participating in the federal monitoring process has given Indiana an opportunity to assess the strengths and challenges of our service system across a broad scope of issues. The self-assessment helps us focus on issues identified through stakeholder participation and begin the process of developing a continuous improvement plan to make our system even stronger and more effective.

The lead agency for First Steps has experienced a great deal of change in the past few months with the departure of Maureen Greer, former Assistant Deputy Director responsible for the First Steps program. Maureen's contributions to the system and to the well being of Indiana's infants and toddlers are immeasurable. We wish her much success in her new venture and look forward to continuing to benefit from her expertise through her involvement with early intervention issues on a national level. The upcoming departure of Jim Hmurovich, Director of the Division of Family and Children, will also have a great deal of impact on the early intervention system as well as other programs within the division. We look forward with great anticipation to the appointment of new staff to these positions and will work faithfully with them in our role to advise and assist with the implementation of early intervention services.

As you work to make decisions about the future of services for all Indiana citizens during these difficult fiscal times, we hope that you will consider the information contained in this annual report. By meeting the needs of children and families at these very young ages, we can help minimize the impact of developmental delays and disabilities and enable all children and families to live, learn, work and play as members of their local communities.

Denise Arland

Denise Arland, Chairperson
Governor's Interagency Coordinating
Council on Infants and Toddlers

*Inclusion
is a wonderful
teacher
in life's school of
learning.*



Our Mission:

To assure that all Indiana families with infants and toddlers experiencing developmental delays

or disabilities have access to early intervention services close to home when they need them.

This is accomplished through the implementation of a comprehensive, coordinated statewide system

of local interagency councils called First Steps.

What is the Interagency Coordinating Council (ICC)?

Indiana's Interagency Coordinating Council on Infants and Toddlers (ICC), which was first convened in 1987, is appointed by the Governor to advise and assist the Bureau of Child Development (BCD), the Lead Agency, in its responsibilities. Comprised of members representing parents of children with special needs, state agency groups, early intervention service providers, legislators, pre-service professionals, and others, the ICC is committed to holding the vision of First Steps Early Intervention Services in Indiana and to keeping abreast of issues, concerns, and trends that may affect First Steps in the future.

The ICC utilizes standing committees and task forces developed around the basic components of early intervention to identify current issues, gather information, and make informed and supportive recommendations to the Bureau. Family members, early intervention providers, Local Planning and Coordinating Council members and other interested community leaders serve on the committees and task forces of the ICC. With the help of these local representatives, the ICC can assist the Bureau in developing an early intervention system of the highest quality, which seeks to balance family-centered services with fiscal responsibility.

What is the role of the First Steps Local Planning and Coordinating Councils (LPCCs)?

Thanks to having LPCCs in every one of Indiana's 92 counties, our state is making successful progress toward bringing together federal, state, local, and private funding sources to develop a coordinated, community-based, family-centered system of services. Each county's LPCC provides the authentic voice for early intervention services at the local level by identifying concerns, issues, and strengths unique to each community and then crafting a service delivery system that meets those locally identified needs.

In an effort to extend all that has been learned in early intervention, local LPCCs are working with each county's Step Ahead process, a pioneering framework for coordinating services for children ages birth to 13 and their families.

Members of the Indiana Governor's Interagency Coordinating Council on Infants and Toddlers

Denise Arland, Council Chairperson, Parent, Greenfield

Parents

Paula Anderson, New Castle
Barbara Heffernan, Kokomo
Mary Wildeman, Mt. Vernon

Early Intervention Providers

Bill Swiss, Anthony Wayne Services, Fort Wayne
Julie Wickham, Bright Beginnings, Southern Indiana
Resource Solutions, Boonville
Anna Dusick, M.D., Riley Hospital for Children, Indianapolis
Marilyn Redmon, Tippecanoe Child Care

State Agency Representatives

Maureen Greer (Part C Coordinator), FSSA, Division of Family and Children, Bureau of Child Development
Sheron Cochran, Department of Education, Division of Special Education
Phyllis Kikendall, FSSA, Division of Family and Children, Family Protection Section
Judy Ganser, M.D., MPH, Maternal Child Health Services, Indiana State Department of Health
Jim Phillips, FSSA, Division of Mental Health
Paul Hyslop, Department of Health
Randy Kriebel, FSSA, Division of Disabilities, Aging and Rehabilitative Services
Miranda Henry-Spitznagle, FSSA, Office of Medicaid Policy & Planning
Tim Maley, FSSA, Office of Medicaid Policy & Planning

Personnel Preparation

Susan Kontos, Ph.D., West Lafayette

Legislators

John Day, State Representative, Indianapolis

Child Care

Carole Stein, FSSA, Division of Family and Children

Head Start

Open position.

What is First Steps?

Indiana's First Steps System is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable.

First Steps brings together families and professionals from education, health, and social service agencies. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention resources.

Families who are eligible to participate in Indiana's First Steps System include children, ages birth to three years, who:


- Are experiencing developmental delays.
- Have a diagnosed condition with a high probability of resulting in developmental delay.
- Are at risk of having substantial developmental delay as a result of biological risk factors if early intervention services are not provided.

First Steps is administered by the Bureau of Child Development within the Division of Family and Children of Indiana's Family and Social Services Administration (FSSA).

Vision Statement for First Steps Early Intervention System

Our goal is to serve infants and toddlers with or at-risk for special developmental needs by providing a family-centered, comprehensive, coordinated, neighborhood-based system of services for them and their families. To this end, we:

- Involve families in the development, implementation, and evaluation of the service system.
- Make services accessible and widely dispersed throughout the community.
- Offer choices to families that are typical of the choices available to all families of young children in their everyday routines, settings, and activities.
- Offer services that are culturally sensitive and tailored to individual needs of the child as well as family priorities.
- Offer services that exemplify best practices in early intervention and be accountable for the quality of these services by evaluating them in terms of process and outcome.
- Respect families by acknowledging that they are the primary constant in the child's life and by helping them to make choices as well as supporting them as they implement those choices, even when we disagree with them.
- Focus on prevention of, as well as intervention for, disabilities among infants and toddlers, keeping in mind that the ultimate goal is maximizing the potential of children so that they can function as contributing members of society as adults.
- Creatively use existing resources and seek additional resources to maximize service options for families and to fairly compensate staff providing services.



By growing, learning, and working
together,
everybody wins.
That's the power of
inclusion.

Interagency Agreements and Collaborative Efforts

Indiana First Steps Early Intervention System believes in effective collaboration.

Through a multitude of partnerships and programs, we are helping families, providers, communities, and policy makers understand the importance of early intervention through quality child care for children with special needs.

A. State Agencies, Their Involvement, and Our Interagency Agreements

Intra-agency Partnerships

The purpose of the agreement between the divisions of the Family and Social Services Administration is to promote continued cooperation of a coordinated intra-agency system of services for serving eligible children with special needs from birth through three years of age and their families. By specifying the roles and responsibilities of the participating agencies, the system is fully able to implement early intervention services as defined under the Individuals with Disabilities Education Act (IDEA), Part C, while minimizing duplication and sharing resources.

The participating members include Division of Family and Children, Healthy Families; Bureau of Child Development; Bureau of Family Preservation; Division of Aging and Rehabilitation Services; and Division of Mental Health. The fundamental principles supporting this partnership are:

- Parent and professional collaboration.
- Community-based services (services in the child's daily routine).
- Interagency collaboration, specifically the prevention of duplication.
- Public awareness.
- Child Find.
- Individualized Family Service Plan (IFSP).
- Procedural safeguards.
- Data collection.
- Financial responsibility.
- Comprehensive System of Personnel Development (CSPD).

Interagency Partnerships

First Steps has joined forces with the Department of Education (DOE), the Office of Medicaid Policy and Planning (OMPP), and the Indiana State Department of Health (ISDH), Children with Special Health Care Services (CSHCS) in an effort to: (1) promote cooperation in the development of a coordinated interagency system of services for young children with special needs from birth through age five and their families, (2) fully coordinate and maximize resources available and mandated for eligible and potentially eligible children, ages birth to three, and to ensure that medically eligible children with handicapping conditions

participating in the State's program receive appropriate health care, and (3) promote high quality health care and services for infants and toddlers with disabilities, ages birth to three and their families.

The content of each agreement specifies the roles and responsibilities of the participating agencies related to services required and provides guidance for their implementation. These joint agreements provide a policy framework for cooperative efforts and seek to clarify issues related to those efforts.

Participating agencies within these agreements include the Family and Social Services Administration, Division of Family and Children; Bureau of Child Development, First Steps Early Intervention System; Department of Education, Division of Special Education; the State Education Agency; Administration for Children and Families, Region V and the Indiana Head Start Association, representing Head Start agencies in Indiana; Maternal and Child Health Services; Children's Special Health Care Services; Women, Infants, and Children; and the Health Care Financing Administration. The First Steps' agreement with the Indiana State Department of Health (ISDH) expired in April 1999. Both agencies have continued to operate under the terms of the expired agreement while awaiting approval.

The fundamental principles guiding the work of these partnerships are:

- Parent involvement and family support.
- Services with typically developing peers.
- Interagency coordination and non-duplication.
- Transmission of information.
- Transition conference.
- Evaluation.
- Case conference.
- Fiscal issues.
- Public awareness.
- Child Find and referral procedures.
- Comprehensive System of Personnel Development (CSPD).
- Confidentiality.
- Program rules and monitoring.

Indiana First Steps collaborative partnerships proactively produce a variety of successful initiatives that reinforce and promote the First Steps mission of helping infants and toddlers with special needs and their families. The following programs are selected examples of our efforts.

Universal Newborn Hearing Screening

Indiana's Universal Newborn Hearing Screening Program (UNHS) is a newly implemented program to insure (1) physiologic screening of all the infants born in Indiana prior to discharge, (2) diagnostic evaluation of infants who do not pass initial hearing tests by three months of age, and (3) enrollment of every infant diagnosed of hearing loss by six months of age. It is also to insure that every infant diagnosed with hearing loss has a medical home and that the family receives adequate information, appropriate consultation, and assess to other family support resources.

Indiana expects approximately 250-300 infants with hearing impairment out of 86,000 infants born in Indiana per year. Without performing a newborn hearing screening, most of these infants would go unidentified as having hearing loss in their early infancy. As a result, their language and speech development would be delayed and cause serious implications for educational attainment, affecting their whole life.

In 1999, the Indiana General Assembly passed Public Law 91-1999, mandating universal hearing screening by all hospitals prior to infants' hospital discharge. In accordance, all Indiana birthing hospitals have implemented the practice since July 1, 2000. First Steps Early Intervention Services in collaboration with the Indiana State Department of Health (ISDH) developed and provided a collection of policy manuals, general information brochures, referral brochures, and test certificates to each hospital. The law also established a twelve-member Newborn Hearing Screening and Intervention Advisory Board consisting of consumers, primary care providers, professionals, an insurance and hospital representative, special education administrator, an early intervention service representative, and a maternal and child service manager.

In order to refine and expand the hospital-centered hearing screening program to a statewide family centered, culturally sensitive, and community-based program, ISDH has implemented a regional outreach program to provide technical assistance and education available locally to providers and consumers. The program's focus is to: (1) review and evaluate programmatic and legal issues; (2) identify current data system problems and develop a plan for an integrated data and tracking system; (3) establish and maintain a data subcommittee of the State Hearing Screening and Intervention Advisory Committee; and (4) form focus groups to evaluate the effectiveness of the public awareness campaigns and program outreach efforts.

Since the program's implementation, 98% of the hospitals have successfully submitted all the reports requested, and 97% of the infants were screened for hearing impairment before they left the hospital. Best practice strongly encourages referrals be made to First Steps to track and follow up with those infants who tested with hearing impairment or at risk of hearing impairment. To date, 48% of the hospitals have successfully referred all of the infants who tested with hearing impairment to First Steps.

In September, First Steps sponsored a workshop on ABR (Auditory Brainstem Response) testing for all First Steps enrolled audiologists. The session provided an overview of the UNHS program and how First Steps works with UNHS as a referral source for the families of children who test positively for hearing impairment. Families benefit when audiologists are familiar with forms, procedures and the process of helping families access First Steps audiological services.

Early Head Start/Head Start

Early Head Start and Head Start are national programs providing comprehensive developmental services for low income families with children, ages birth to five. To help enrolled children achieve their full potential, Head Start programs provide extensive health, nutritional, educational, social and other services. Since 1965, Head Start programs have placed a strong emphasis on parent participation and involvement in the program activities. Head Start programs began serving children with disabilities in 1974. At least 10% of federally funded slots must be designated for children with disabilities.

Coordination between early intervention and early Head Start ensures a continuum of comprehensive services that can follow children as they transition out of First Steps. In a recent study conducted with Early Head Start and Head Start, programs were asked to rank the quality of their transition interactions with a variety of community programs in their service areas. Interactions with First Steps in 67 of Indiana's 92 counties were evaluated as being very beneficial. While relationship building is constant on the whole, transition relationships are continuing to garner strength.

Immunizations

The Indiana State Department of Health provides free immunizations to children who need them through Vaccines for Children (VFC). County health departments, public health clinics throughout the state and over 1,000 primary care physicians provide well over half a million vaccinations each year.

Hoosier Healthwise

The State of Indiana is a national leader in providing health care for children. Hoosier Healthwise provides low-cost health insurance to children and pregnant women. Children may qualify with family incomes up to 200% of federal income guidelines or about \$35,000 for a family of four and may apply in person or by mail.

In January 2000, the Hoosier Healthwise Health Needs Assessment questionnaire began being used at the request of the Office of Medicaid Policy and Planning (OMPP) as a screening tool to identify members with potential special health care needs. The questionnaire was developed in collaboration with the OMPP for the Hoosier Healthwise and First Steps programs, the Indiana State Department of Health for the Children with Special Health Services program, and Dr. Nancy Swigonski at Riley Children's Hospital. Once an enrollee is identified through the Health Needs Assessment, the Hoosier Healthwise Benefit Advocate advises the parent about the First Steps and Children's Special Health Care Services (CSHCS) programs as possible supplemental benefits.

Indiana's State Transition Initiative

In 1999, the Indiana State Transition Team formed to address issues that relate to or influence transitions of young children birth through eight years. Indiana's State Transition Initiative was established to assist communities in creating a comprehensive, community-wide systems approach to transition to ensure positive and effective transition experiences for young children and families. Smooth and effective transitions require an interagency system that supports transition needs for the whole community. The State Transition Team provides advice to the State Transition Coordinator and Regional Facilitators in developing, coordinating, and implementing activities to enhance communities abilities to develop effective transition systems. The State Transition Team consists of parents of children with disabilities, representatives from First Steps, Department of Education, Department of Health, child care, hospital, Head Start, and the State Transition Coordinator.

One of the project's initiatives is providing training on the STEPS (Sequenced Transition to Education in Public Schools) model. STEPS training offers recommendations and assistance for policy and program development in administration and interagency collaboration, staff involvement in the transition process, family involvement in the transition process, and child preparation for the next environment. The STEPS model is an Outreach Transition Project that was developed with funding from the U.S. Department of Education, Office of Special Education programs. Indiana's State Transition Initiative has a State Transition Coordinator and five Regional Facilitators who have been trained in the STEPS model and are available to

provide communities STEPS training, STEPS orientation and self-assessment, on-site technical assistance and transition resources. The State Transition Team completed the STEPS training during this reporting period.

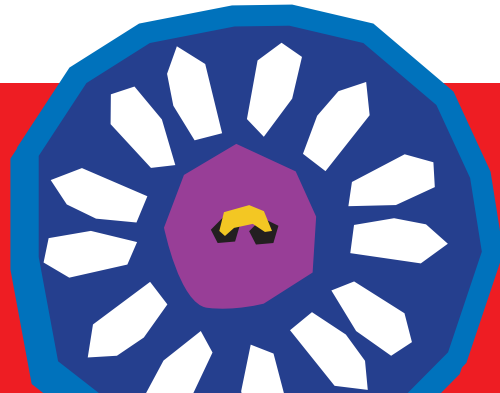
To date, 47 out of 92 counties have gone through the STEPS Orientation Process; 45 counties have completed the Self-Assessment Process; four counties have been through the STEPS training and have developed a one-year action plan; and three counties have set training dates within the next four months. Data collected by the Regional Facilitators report 14 counties having established or are developing transition teams. Of the counties that completed the self-assessment, 49% have identified a need for a transition system and expressed a willingness to establish a transition team using the STEPS model. During this reporting period, there was a slight increase in the number of community teams reporting written interagency agreements.

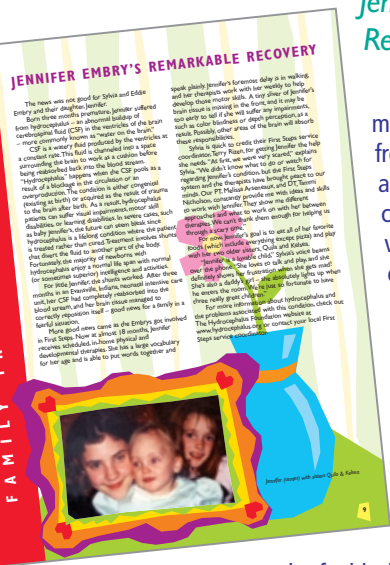
Other transition resources developed in cooperation with Indiana's Transition Initiative during this annual report period include a brochure describing how to access transition training and useful transition materials from local, state, and national sources to share with local transition teams. KIDSteps Magazine, published by First Steps in the Fall of 2000, devoted its feature story to transition, reaching 5,400 families and providers in its circulation. In addition, transition materials from the Department of Education and Head Start remain available. A communication list was established for the State Transition Coordinator, Regional Facilitators, and the State Transition Team, and a web site is under development to facilitate communication with all transition teams and others interested in effective transitions and transition resources.

Cultural Diversity

Indiana First Steps in conjunction with the Indiana Department of Education Division of Special Education, is piloting a higher level of training for service providers and coordinators to increase the number of children from culturally diverse backgrounds who are eligible for services from public agencies. The initiative's intent is to improve the cultural sensitivity of service providers as well as attract other service providers who reflect the growing diversity of Indiana's population.

First Steps' responsibility to help families achieve their outcomes through interventions that make sense to them and realize their goals is the primary thrust behind the cultural sensitivity initiative. By acting in a culturally competent manner, service providers become better equipped to understand a family's needs, implement strategies best suited for enhancing the child's development, and support the parents' competence and confidence.





Jennifer Embry's Remarkable Recovery

Jennifer Embry was born three months premature and suffered from hydrocephalus – an abnormal buildup of cerebrospinal fluid (CSF) in the ventricles of the brain – more commonly known as “water on the brain.”

CSF is a watery fluid produced by the ventricles at a constant rate that works as a cushion surrounding the brain before being reabsorbed back into the blood stream. “Hydrocephalus” happens when the CSF pools as a result of a blockage in the circulation or an overproduction. As a result, hydrocephalus patients can suffer

visual impairments, motor skills or learning disabilities. In severe cases, such as baby Jennifer’s, the future can mean a lifelong condition of being treated rather than cured. Treatment involves shunts that divert the fluid to another part of the body. Fortunately for little Jennifer, the shunts worked. After three months in a neonatal intensive care unit, her CSF had completely reabsorbed into the blood stream, and her brain tissue managed to correctly reposition itself. Now at age 2, Jennifer receives scheduled, in-home physical and developmental therapies through First Steps. She has a large vocabulary for her age and is able to put words together and speak plainly. Jennifer’s foremost delay is in her motor skills. Jennifer’s family gains the ideas and skills to work with Jennifer between therapies.

Healthy Families Indiana

In 1993, communities supported the early vision of Healthy Families to provide home visitation to new parents in need of a variety of services. Selection of a local Healthy Families site was a collaborative process through their Step Ahead Councils. Partnerships were formed among hospitals, health clinics, physicians and other service providers, of which many contributed in-kind services to assure the start-up of Healthy Families in their communities. Today, 56 Healthy Families sites provide consistently high quality services to families living in all 92 Indiana counties. The program provides administrative support through statewide policies and procedures, ongoing training and technical assistance, quality assurance, management information systems, and evaluation. Parent education is the most important focus of the program. Workers are challenged to engage families at the most teachable moments but understand that the parents’ daily time demands to maintain jobs and care for their children take priority. First Steps and Healthy Families work collaboratively to identify families who would most benefit from these programs.

B. Innovative Service Delivery Models and Promising Practices

Indiana’s State Transition Initiative at Work in Gibson County

Every agency that serves young children – with or without disabilities – faces issues related to the movement of the child and family from the current environment to a new environment. First Steps recognizes that change isn’t always easy, especially for families with young children. Often times, the transitions from one environment to another can be intimidating and uncertain; and from a child’s perspective, transition can be a major issue. Consequently, change at the local level must be supported and facilitated at a state level. In the spring of 1999, a state level team was formed to provide the structure, tools and support for communities to approach transition planning in a systematic way. In June of 1999, Gibson County formed a workgroup to address transition issues in their community. In June 2000 the state transition coordinator presented an “Orientation to the STEPS Model” to the Gibson County First Steps Local Planning Coordinating Council, and conducted a self-assessment designed to help the community evaluate its readiness to form a community transition team and develop a

community plan. Upon completion, the State Transition Coordinator, facilitated a three-day STEPS model training. Initially, the Gibson County pilot effort addressed transition issues that are directly related to transition for children, ages birth to three, involved in the First Steps system. In July 2000, the program expanded its membership to include children, ages birth to first grade, as the result of the Project STEPS pilot project. The local transition team consists of a carefully selected cross-section of involved parties including a parent, a public school administrator, and representatives from Public School Special Education Services, First Steps, Indiana’s Department of Health, Head Start, and Child Care. Gibson County Transition Team members include Kay Stephens, First Steps Coordinator, Gibson County ARC; Kanda Walden, Gibson County Health Department; Sherry Taber, Psychologist, GPW Special Education Co-op; Sally Stott, Community Action Headstart; Sue Hennessy, Service Coordinator, Gibson County ARC; Margaret Dickman, Child Care Representative; Mike Woods, Owensville Community School; Teresa Harrell, Parent; Meredith Kates, Social Worker, GPW Special Education Co-op; and Sherry Taber, GPW Special Education Co-op. Once assembled the team established the vision statement and goals as following:

- To establish and maintain a unified community effort and a referral network to provide smooth transition and on-going appropriate services for all children birth to first grade and their families.
- To identify agencies and services available.
- To identify contact person for agencies and services.
- To identify family concerns and needs related to transition.
- To identify entry skills for public school.
- To negotiate procedures for transition planning conferences.

Since its inception, the local transition effort has achieved numerous successes, most notably, the community’s increased level of awareness and communication among those entities directly involved in the transition process for children. Program research and development has emphasized the importance of all transition participants in the process. For example, teachers and staff are primary sources for recognizing each family’s different needs and assisting families as they develop transition plans and prepare for important transitions in their children’s lives. The team has also developed and implemented a parent survey regarding transition issues. Gaining the first-hand feedback from parents and families involved has allowed the transition team to provide families with a better variety of ways to access knowledge about program options and the transition process. More specifically, the team has been able to fortify families with the needed information and strategies designed to assist them in preparing the child for transition. A customized transition plan is capable of specifically addressing the various transitional periods that children and families experience in the process. Community involvement continues to play a key role in the success of the transition team’s progress. The Gibson County team has successfully developed procedures for linking families to necessary supplemental services within the community. As adult learners in the transition process, family members are gaining shared insight and satisfaction by relating new information with past experiences, as well as being actively involved and interested in receiving adequate support and feedback.

Finally, the transition team has developed a series of five transition-related brochures, each addressing the specific components of making a successful transition for the child. The brochures include:

- “How To Find Quality Child Care”
- “Developmental and Educational Services for Birth to Age Five”
- “Developmental and Educational Services for Ages Three to Seven”
- “Parents as Advocates – You’re the Expert”
- “Gibson County Resources for Health Care – A Guide to Local Services for Families”

Local and state participation have provided the framework from which the STEPS Model has worked in Gibson County. Combined with community involvement, Gibson County has successfully moved forward in their goals to improve the transition process for every child. Families and children will experience smoother transitions in Gibson County as a result of the team’s effort.

The Happy Songs of Carrie O’Brien


Like most three year olds, Carrie can easily serenade you with nearly any “Barney” song or other popular melody. Music is a big part of Carrie’s world – she loves music almost as much as she loves her parents, Jeff and Sarah, and big brother, Ben. Unfortunately, Carrie’s world also is filled with a multitude of therapies to help her overcome her physical and developmental challenges. Soon after birth, Carrie suffered a brain stem hemorrhage that doctors speculate was caused by either a malformed blood vessel or too much pressure that caused the blood vessel to burst. As a result, Carrie is not physically functional on her right side, leaving her without basic muscle control on her right side and a developmental delay in her speech. Carrie’s First Steps involvement began at the gentle age of six weeks, following an extensive hospital stay. From the initial feelings of confusion and concern, Jeff and Sarah have learned lots about their own parenting abilities as well as their daughter’s determination. A regular schedule of physical, occupational, speech, developmental, and even equestrian (horseback riding) therapies are a normal part of Carrie’s weekly routine. The O’Brien’s are hopeful that their daughter will learn eventually to walk with the use of support and continue to improve her speech skills.

C. Accomplishments

Family to Family Initiative

Family to Family is a statewide initiative designed to link individual families to people, information and resources within their community. In 2000-2001, the project team worked to develop infrastructure to support parents connecting with other parents through a community-based network. Once the infrastructure was in place, the focus changed to identifying,





supporting and developing leaders among parents who have an interest in serving in their community. Families are linked to opportunities to share the voice of families regarding successes, challenges, and concerns related First Steps issues.

Opportunities are available for families who are interested in (1) participating on LPCCs to represent family concerns and priorities, (2) serving as a point of contact for other parents in their community, and (3) becoming a speaker or co-trainer in the Unified Training System (UTS). Training curriculum has been developed and provided to prepare families serving in these roles. *Connecting and Supporting Families In Community* and *Listening and Communication Skills for Families* are two in a series of four learning opportunities to support families serving as point of contact in their community. *Orientation to Families As Advisors* supports families serving on LPCCs. Training is under development for families interested in serving as co-trainers in the First Steps system. Regional Facilitators continue to actively identify and recruit families to this partnership.

Indiana's Integrated Services SPRANS Grant

In the summer of 1998, Indiana's Family and Social Services Administration announced the approval of a four-year federal grant called a SPRANS (Special Projects of Regional and National Significance). Collaborators include the Indiana State Department of Health – Children's Special Health Care Services (CSHCS) and Family and Social Services Administration – First Steps Early Intervention. The grant helps to fund initiatives that may provide more cost effective services from state agencies with less duplication.

Replication materials have been developed as required by the grant and will be available in CD and written format for distribution nationally in Spring 2002. These materials will describe Indiana's Central Reimbursement Office and System Points of Entry as well as the collaborative experiences among state agencies providing services to children with special health care needs. These materials have been expanded to include the medical home, infant mental health and inclusive child care initiatives of this project to share with other states the struggles and achievements associated with all grant initiatives.

Since the inception of this grant and utilization of the collaborative combined enrollment form, enrollment in the First Steps Program has increased from 84 to 88 percent, serving 8,075 to 14,818 children. Children's Special Health Care Services (CSHCS) enrollment increased from 4,893 to 9,218.

As a part of the Medical Home initiative, physician and staff education and neonatal intensive care unit (NICU) outreach have been conducted. A marketing training for CSHCS Local Care Coordinators and Local Planning Coordinating Council representatives was conducted in preparation for distribution of the physician and staff independent study video series, *Making the Connection: Improving Care for Children with Special Health Care Needs*. Distribution to primary care and pediatric care physicians commenced in April 2001 and will continue until September 2002.

Intake Coordinators for First Steps continue to work closely with hospitals serving children, birth to age three, to ensure linkages to state level programs such as First Steps, CSHCS, Medicaid, and Hoosier Healthwise. One hundred percent of families applying to the First Steps program are linked to a primary medical home. One page NICU and pediatric referral forms have been developed for use by hospitals and primary care physicians to link children to state programs as well. The universal newborn hearing screening law along with the previously mentioned medical home efforts have increased the referrals from 13 to 21 percent by hospitals and from 12 to 20 percent by physicians between 1997 and 2001.

Several achievements were noted in the infant mental health (IMH) initiative. These include (1) publishing survey results and recommendations in the refereed journal, *Exceptionality Education Canada* about parent needs relative to IMH, (2) two state level IMH conferences titled, *Infants and Toddlers: How You Can Make a Difference* and the *Understanding Attachment, Trauma, and Loss*, (3) embedding of IMH Competencies into the First steps training system and incorporating them into a newly developed IMH training module, (4) designing, developing, and piloting a provider support project entitled the *IMH Mentorship Connection* in conjunction with the Indiana Association for Infant and Toddler Mental Health. The trainings and mentorship experiences have helped approximately 320 providers.

The final initiative, Inclusive Child Care, has sought to improve access, quality and availability of inclusive child care options for families of children with special health care needs. Levelized trainings on awareness of the needs of children, practical applications and skill building continues to be offered, while the child specific trainings for individual child care providers are offered through an inclusion specialist. Since the start of these trainings in January 1998, 1,652 providers have been trained in *Project Special Care* (Awareness) and 723 providers have received skill building training through the *Child Care Plus* and the *Including All Children* Curricula.

Child Care Partnerships

The Community Child Care Initiative, a partnership among the Indiana Child Care Fund, Inc. (ICCF), the Indiana Family and Social Services Administration, and communities across the State of Indiana was launched in September of 2001. The initiative is designed to provide financial assistance to aid local communities in their efforts to develop comprehensive strategies to improve the quality of child care, mobilize the financial resources needed to successfully deploy those strategies, and to demonstrate significant results that directly benefit Hoosier children. The competitive grant program requires communities to form strong public-private partnerships, conduct a community-wide assessment of child care needs and identify local projects resulting from those assessments which address quality improvements in any of the following three areas:

- Infant & Toddler Care.
- Care for Children with Special Needs.
- Overall Quality Expansion.

The initiative will make over \$2.4 million in new funding available for such projects, and community partnerships may apply for funding in a range from \$25,000 to \$100,000. Requests for funding must demonstrate at least one dollar of local match for every two dollars requested with no more than fifty percent of the match in the form of in-kind contributions.

Each county in the state was invited to participate in the initiative. Local Directors of the Office of Family and Children for each county as well as the Business Partnership Specialists were asked to sign a Letter of Intent to Participate if they plan to apply for grant funds. Response to the Initiative has been overwhelming and as of October 23, 2001, the ICCF had received Letters of Intent to Participate from 83 counties around the State of Indiana.

On November 13, 2001, the ICCF conducted a Technical Assistance Conference to aid those communities who wish submit a Request for Funds. Topics addressed were:

- Preparing a Budget.
- Identifying Eligible Projects and Measurable Outcomes.
- Community Partnerships and Needs Assessments.

The conference was hosted by Cinergy at their Plainfield, Indiana, headquarters.

Division of Family and Children Special Needs Task Force

The Division of Family and Children formed a Special Needs Task Force in November 2000, comprised of experts across the state in the field of children with special needs. The focus of the task force includes costs involved in providing child care to a child with special needs; funds available for services for these children; availability and knowledge of child care service providers that are serving children with special needs; and child care subsidy reimbursement rates.

In the process of discussing these topics, other issues surfaced and additional recommendations were made to James M. Hmurovich, director of the Division of Family and Children. The recommendations accepted by Mr. Hmurovich and the task force address the development of specific action items and timelines for implementation, including:

- Develop an appropriate reimbursement system for providers.
- Utilize training components in existing organizations to meet staff needs.
- Seek more quality in child care by expanding staff certificates of training.
- Identify the financial barriers as to why providers cannot care for special needs children.
- Develop minimum standards for quality.

- Educate parents and providers on legal requirements that apply to child care.
- Provide more information to parents about resources and their rights.
- Develop an effective state monitoring system.

Implementation of these recommendations will occur concurrently, recognizing that some may be accomplished quickly while others may take months and even years.

Unified Training System

The Unified Training System (UTS), established by the First Steps Early Intervention System, within FSSA's Bureau of Child Development, and in conjunction with the Department of Education Division of Special Education, supports the statewide coordination of training activities related to young children. During this fiscal year, 3,635 participants from around the state attended 72 UTS-sponsored training events. The most popular training events were the topical issues forums, which typically draw over 200 attendees. Topics this year included Infant Mental Health, Advanced Practice of OT/PT/ST, Advanced Practice for Cerebral Palsy, Communication Methodologies Related to Hearing Loss, Developmental Intervention for High Risk Newborns, Advanced Feeding Issues, and the Developmental Therapy Series. The Family Involvement Fund provided funding for over 550 families to attend training events.

This year the content of the Orientation to First Steps training, required of all First Steps providers prior to enrollment, was posted on the First Steps web site with instructions for completing the training as an independent study. The independent study option has become so popular that fewer full day training sessions are required to meet the needs of enrolling providers.

Level 1 Service Coordination training was revised based on the recommendations of a curriculum task force comprised of current service coordinators. The resulting four-day training now includes out of class assignments for a total of 32 instructional hours.

Other events related to training include the new requirement to pass a competency test following Orientation, Level 1 and Level 2 Service Coordination training. Level 2 Service Coordination training, offered as an option for the past two years, was made a requirement this year for all service coordinators. A new service coordinator may register for Level 2 training after they have been enrolled for six months and must have it completed prior to being enrolled 12 months. Service Coordinators who have not yet attended the training must do so by the next time they credential. A Provider Forum, a full day of training previously conducted as an option, will become an annual requirement for early intervention service providers to remain enrolled in the First Steps system beginning in 2002.

Service Coordination Modules were developed on the topics of Family Interviewing, Financial Resource Coordination and Planning, Procedural Safeguards, Clinical Documentation, Team Communication, and Transition. Currently under development are modules on the topics of Cultural Competence, Medically Fragile Infants, Using Assessment Information to Support IFSP Outcomes, Facilitating the Identification of Appropriate Settings for Service Delivery, Working with Challenging Families and Supporting Infant Mental Health Services.

System Outcomes Project

Accountability has become a major buzzword among education and social service systems such as Indiana's First Steps System. Over the past two years, the Early Childhood Center at the Indiana Institute on Disability and Community has endeavored to develop a statewide evaluation system to determine if the children, families and communities served by First Steps are experiencing important benefits. Through a grant from the Bureau of Child Development, Early Childhood Center staff have developed and are piloting a system for assessing the impact of First Steps. This system is being developed to reflect the following features and guiding principles:

- The evaluation system is *statewide* (touches all children and families receiving First Steps services) and *ongoing* (not a one-shot investigation).
- The focus is on the outcomes of First Steps for children, families and communities, not on services or procedures.
- The design and development of the evaluation system and data collection tools involve system stakeholders (families, providers, administrators).
- Data collection procedures are embedded into ongoing service routines (minimally intrusive and time consuming) and are locally implemented by service providers (no independent or outside investigators collecting data).
- Data analyses and findings are understandable, accessible, and useable in guiding local and state quality improvement efforts.

During the first phase, Center staff conducted 17 regional forums throughout Indiana to seek the input of family members, service providers, and local decision-makers. This step recognized that any undertaking is more likely to meet the needs of its constituents if a broad range of parties is asked to participate in its development. To insure that our analysis and interpretations accurately reflected the work of participants at the forums, the outcomes that were generated and our analysis were posted on the web for public comment and to ensure the accuracy of any interpretations made.

From the data gathered around the state, the Early Childhood Center identified 42 unduplicated outcomes. These were presented to the ICC to review, revise, and prioritize. The selection process required each outcome to best answer three tests:

1. Is it reasonable to believe that First Steps can influence the outcome in a non-trivial way?
2. Would measurement of the outcome help identify First Steps' successes and help pinpoint and address problems or shortcomings?
3. Will First Steps' stakeholders accept this as a valid outcome of First Steps?

First Steps Outcomes

1. Children attain essential and important developmental skills.
2. Children participate in inclusive community activities, settings and routines.
3. Children (and families) are safe, healthy, and well nourished.
4. Families participate as members of the early intervention team and carry out recommendations that help them to help their child.
5. Families are connected to other families, associations and organizations for emotional support.
6. Families advocate by exercising their rights in requesting and choosing goals, services, and supports.
7. Communities are informed and promptly refer families to First Steps.
8. Communities welcome and fully include children with disabilities and their families (e.g. child care, transportation, retail, housing, employment).
9. Communities provide all families access to health care services.

During the past year, the Early Childhood Center has developed measurement tools and strategies for assessing the presence of these outcomes in all children, families and communities served by First Steps. Providers were asked to respond to drafts to ensure that data will be collected as much as possible within naturally occurring events in the child and family's association with the First Steps System.

In October 2001, five counties representing geographic and demographic diversity across the state began piloting the measurement tools. The pilot phase of this project will run for two months and will include completing the forms for all entering and exiting families, as well as sampling from current families. At the end of the two-month pilot, Center staff will meet with First Steps county participants to gather feedback and suggestions for final revisions. Once final revisions to the tools and procedures are completed, implementation of the statewide evaluation system will begin in 2002.

First Steps Policy Development

First Steps established procedures regarding the establishment of Bureau policy related to early intervention. The procedures ensure that all policy positions represent input from all stakeholders that participate in the development, implementation and evaluation of early childhood education programs.

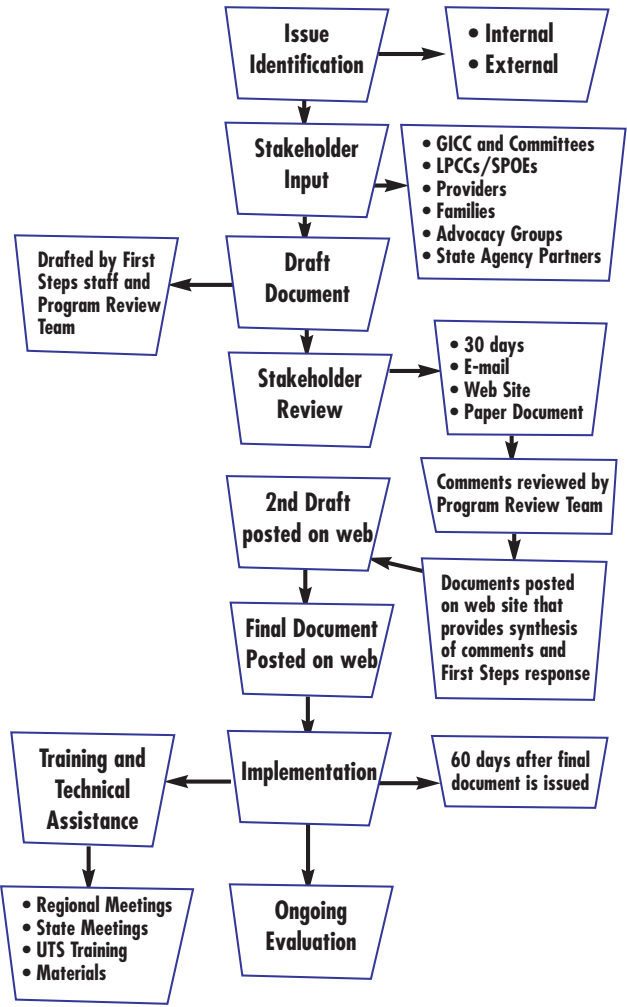
The identification of issues related to the health and well-being of young children participating in early intervention programs occurs both internally to and externally of the Bureau. Once the issues are identified, input is gathered from stakeholders that include Local Planning and Coordinating Councils, System Points of Entry, fiscal agents, providers, families, advocacy groups and state agency partners.

First Steps staff and the Program Review Team then draft a preliminary policy statement. The statement is posted on the Bureau web site on the first Monday of the month for a thirty day public comment period. The document is also available from the Bureau for those individuals unable to access the web.

The program review team examines all comments and makes necessary revisions to the policy statement. The revised document is re-posted for an additional thirty days along with a synthesis of the comments and the Bureau's response. Stakeholders have one final opportunity for input. Following that final review, the policy statement is posted on the web and remains effective 60 days after the final posting.

Training and technical assistance is available as part of policy implementation through state and regional meetings, trainings and written materials.

First Steps Policy Development Process



Provider Service Matrix

Indiana First Steps began the phased-in implementation of the new Provider Service Matrix web site in late spring. This statewide web site, www.EIKids.com, allows parents, service coordinators, SPOEs, and other interested parties to search for providers enrolled with Indiana First Steps, based on criteria entered on the web site.

The matrix allows providers to share online updated information, including their specialties, availability by service type, education, licenses, certifications, training, counties/ZIPs served and other comments. Providers are required to keep

availability information updated on a monthly basis. The Service Provider Matrix better enables the system and stakeholders to have immediate access to the most up to date critical information and facilitates parents making informed choices when selecting providers.

The First Steps Web Site

The First Steps web site, www.state.in.us/fssa/first_step/, was developed to increase and improve communication with a variety of stakeholders. The site has evolved to become a central repository of program and policy information that is available at the convenience of families, providers, communities and other state agencies. Pages on the web include policy information, central directory, provider enrollment, forms, publications, and training information.

The site has become key to the development of State early intervention policy. The web site is also used to post data reports regarding the First Steps system. As new issues or initiatives occur, new pages are created on the site to make it easy for viewers to find topic specific information.

D. Description of the Indiana's Credentialing System

Indiana's credentialing system helps to ensure that all providers in the First Steps Early Intervention system receive updated, ongoing information and training regarding early intervention. The system encompasses a strategically designed, interactive program that includes skill development and training in the foundations of:

- Early Intervention.
- Infant and Toddler Typical and Atypical Development.
- Infant/Toddler and Family Assessments.
- Early Intervention Service Delivery Strategies.
- Family Partnership and Support Strategies.
- Team Relationship Skills.

Providers can earn credentialing points through experience, in-service training, and academic coursework, as well as through other proposed tasks, such as research projects, teaching activities, and conference presentations. All specialist and associate level providers enrolled in the Central Reimbursement Office (CRO) must credential in their discipline within two years of enrollment. Once a provider has earned a credential, it must be updated annually through continual professional development.

In the past year, First Steps implemented new provider enrollment requirements that align with the annual credentialing requirements. Each year, providers must supply proof of liability insurance, an updated criminal history check, and a copy of their current license in order to maintain their enrollment in the First Steps Early Intervention system. This documentation provides a baseline standard for all providers.

Additional changes in the credentialing system incorporate the requirement for direct supervision for all developmental therapists and service coordinators with less than one year of experience in early intervention. The supervisors must be enrolled and credentialed in their respective disciplines. First Steps also instituted mandatory Level 2 training for all service coordinators.



The colors and
cultures
we share
bring a world of
opportunity
within reach
for all of us.

Oppositions and Opportunities

*Indiana First Steps Early Intervention System recognizes that with every child enrolled into the program,
we are given the opportunity to help another individual, family, and community improve.
Our intentions and attentions are focused on achieving success.*

A. Analysis of Disputes Filed with Indiana First Steps

From July 2000 through July 2001, Indiana's First Steps Early Intervention System received 3 complaints, of which only two merited any form of resolution.

i. State Complaints: Issues and Resolutions

Number: Com 001-2001

Complaint: Speech Therapist did not provide services in a timely manner as indicated in the Individual Family Service Plan.

Federal Code: 34 CFR303.344(f)(1)(d)(1) Dates of Service.

Indiana Code: None.

Resolution: Unsubstantiated. However, the lead agency provided technical assistance relating to appropriate documentation of scheduling appointments and missed sessions.

Number: Com 002-2001

Complaint: Speech Therapist did not provide service as listed on the IFSP and did not accurately document the service provided.

Federal Code: None.

Indiana Code: 470 IAC 3-1-3-4 Service Provider Responsibilities.

Resolution: Substantiated. The provider was disenrolled as a First Steps provider.

Number: Com 003-2001

Complaint: Service Coordinator did not fulfill her role as the service coordinator for the family, serving as a single point of contact and assisting the child in transition at age 3.

Federal Code: 34CFR303.23(3)(b)(1)(2)(4)(7)

Role of Service Coordinator.

Indiana Code: 470 IAC 3.1-10-2(a)(2)(c)(2)(7) Service Coordinator Responsibilities.

Resolution: Substantiated. Provider was requested to make repayment of funds for services not provided and voluntarily disenrolled.

ii. Mediation - None.

iii. Due Process Hearings - None.

B. Barriers, Challenges, Future Steps and Actions

Cost Participation

Two bills were passed in the 2001 session that directly affect the First Steps system. The first requires annual oversight of the First Steps system by the MRDD (Mental Retardation and Developmental Disability) commission. The second bill requires the implementation of a cost participation system for First Steps services for families whose income exceeds 350% of the federal poverty level. A sliding fee scale will determine a family's cost share for their services, beginning for qualified families at \$5.00 per treatment with a maximum of \$25 per month. For families over 1000% of the federal poverty level, cost share would be \$36.00 per treatment with a monthly maximum of \$180.00.

The final version of the cost participation legislation included a sunset provision. The system of cost participation will have to be reviewed during the legislative session or summer study activities prior to July 2005. Upon review of the system's effectiveness, the legislature will determine if the legislation should be reauthorized.

While many stakeholders opposed the concept of cost share for the First Steps system, the ICC supported the cost participation legislation as amended in its final draft. The ICC's priority is to maintain the broadest eligibility possible for Indiana children. The ICC believes that broad program eligibility benefits more children in the long run than reducing or eliminating services for children with mild delays who can be expected to overcome their delays and move into school developmentally ready to learn. We anticipate that Indiana's revenue shortfalls will continue to provide challenges to the early intervention system as well as other human services in Indiana.

After the Governor signed the cost participation legislation, the ICC and lead agency co-hosted a series of public forums to gather public input regarding the cost share policies and procedures. Thirteen forums were held in seven different cities with 295 stakeholders participating in a facilitated discussion around the issues. Feedback from the forums was utilized by the lead agency to draft an initial cost participation policy and procedure document. The draft document is currently undergoing internal review at the lead agency and will be available again for public comment when it is revised. The ICC will continue to encourage stakeholder involvement in the review and comment upon future drafts of the policy.

Fiscal Challenges

As counties experience tremendous success in identifying and serving infants and toddlers and their families, the lead agency faces the challenge of continuing to identify sufficient funds to meet service costs. With the current financial challenges the state faces while continuing our commitment to serve all eligible children, it will be imperative to continue to build and strengthen the current interagency collaborations and to search for additional ways to integrate services with Healthy Families and Early Head Start. The average cost of services per child has remained stable but the volume of children served has dramatically increased.

While the state has not had a new appropriation from the General Assembly in five years, staff at the lead agency has met the funding challenge by maximizing every federal funding source that is available. At the same time, the percentage of families above 250% of Federal Poverty Guidelines is rapidly increasing. These families are not eligible for any federal funding sources and all of their services must be paid with state funding. Efforts will continue to access insurance contributions and participation.

In a time of limited resources, it is critical to focus on the cost effectiveness of prevention and early intervention as a way to reduce remedial costs in later years. The lead agency will continue its efforts to access all appropriate funding sources while ensuring that services are at appropriate frequency and intensity and that all children statewide receive the supports they need, nothing more, but nothing less.

The Central Reimbursement Office (CRO) has allowed the lead agency to maximize the funding hierarchy based on each child's multiple eligibilities. Without that mechanism, some of the current fund sources that are available would not be accessible. The challenge and the opportunity that we currently face is to remain good stewards of resources and supports to ensure the continuation of the First Steps system. All stakeholders must be part of this process.

C. Issues Identified as a Result of State-conducted Monitoring

Peer Monitoring

Indiana is completing its second year of self-assessment reviews. Peer teams that represent providers, intake personnel, First Steps council participants and families, conduct reviews of the local early intervention system. On-site visits consist of file reviews, interviews of parents, providers and collaborative agencies and review of planning activities. Teams utilize the analysis of data reports, survey information and planning applications in the review process.

One third of Indiana's counties are reviewed each year. The intent of the Quality Review Visit is to provide technical assistance and support to the local level by identifying areas of strength and

those needing attention. By providing the opportunity for teams to review peer sites, it promotes a strong networking strategy for local systems. It also provides learning opportunities for those individuals who serve as team members.

Each Quality Review Visit results in a summary report that outlines the perception of the team. The report highlights exemplary attributes to the county as well as identifying items that the county may need to devote more attention. Any item that is below expectation will result in a request for action. Those items are later reviewed by the lead agency to determine if satisfactory progress has been made.

Eighteen counties have concluded their review this year, completing approximately 60% of all Indiana counties. From the information gained from the review, the lead agency develops strategies to address issues or trends that may be identified. Training items are addressed with Service Coordinators during regional meetings as well as imbedded into other training opportunities. Common trends detected this year are:

- An overall growth in the system of both families and providers.
 - Major outreach efforts to the Hispanic communities have been pursued.
 - Parent reports indicate overwhelming level of satisfaction within the system and of knowing their rights.
- Additionally, issues were identified as needing the attention and support of the lead agency, such as:
- Identification of providers fluent in Spanish.
 - Best practice guidelines encompassing alternative therapy techniques.
 - Greater access to training opportunities for Service Coordinators as provided by their peers.
 - Increased communication with First Steps providers relating to program changes or best practice ideas.

The lead agency will continue supporting the peer review process this coming year, completing all counties within the state. In addition, the data retrieved from this process will be incorporated into procedures, policies and learning opportunities.

Evaluation of Indiana: Improving the First Steps Early Intervention System

In the winter of 2001, FSSA initiated both an internal and external review of the First Steps Early Intervention System to identify opportunities that will enable the State to further improve financial and programmatic accountability. As any system develops, it is important to review the policies and procedures that ensure all system components are operating efficiently and effectively and that monitor the quality and appropriateness of services provided to families and children while the system implements good stewardship of taxpayers' funding.

The results of the external review were compiled in a report entitled *First Steps, Improving the System*. All recommendations

were posted on the First Steps web site for public comment. Some of the recommendations are already in progress by the lead agency, while others involved policy and service delivery changes. Public comment on all of the recommendations has been incorporated into the process for review and implementation of the recommendations considered by the lead agency.

All programs benefit from critical analysis of their operations, and First Steps is no exception. The report served as an opportunity for growth and improvement, particularly as First Steps continues to grow rapidly in numbers of children served and in expenditures. The lead agency has a responsibility to ensure that children are being appropriately served and that all funding sources are being utilized with the necessary safeguards in place. As this review process evolves, all stakeholders in the First Steps system will be required to review the process as an opportunity to ensure the future of services and supports for Indiana's children and families with special needs.

D. Description of Ongoing Systemic Challenges and Goals

Cultural Diversity

We are a culturally sensitive organization. Ethnic representation continues to change as Indiana's First Steps program expands and educates more families and child care providers of children with special needs. We will continue to monitor the demographics of children served in First Steps and to plan outreach activities to identify and serve children and families in under-served populations.

Over the past 12 months, the lead agency funded an outreach worker in both Lake and Marion County whose specific responsibility was to reach the under-served population in each county. Both Marion and Lake have a high percentage of African-American and Hispanic populations that have been traditionally under-represented in the First Steps population. While county outreach efforts need to be expanded beyond the funded staff, the initial efforts of these individuals are resulting in increases in these populations.

Participation by Race



Outcome Measurement

Activities for the Systems Outcomes project will begin with evaluating the two-month pilot of measurement tools developed in 2001. Center staff will meet with First Steps county pilot participants to gather feedback and suggestions for final revisions. Once final revisions to the tools and procedures are completed, implementation of the statewide evaluation system will begin in 2002.

Family Support Projects

Family to Family:

The Family to Family initiative will continue to ask families what they need to move from family participation to family partnership in First Steps. Family to Family outreach, networking activities and learning opportunities will expand to continue to support the base of families serving as points of contact in their community. Regional Family to Family facilitators will work with existing systems, groups and initiatives to develop a comprehensive approach to supporting the needs of families maximizing the use of existing networks and resources.

Family Support Task Force:

In a complimentary project, the Family Support Task Force of the ICC designed a pilot program to formalize the process of families connecting with other families to receive support while navigating the early intervention system and beyond. While the focus of the Family to Family initiative is on finding, supporting and developing leaders among parents, the program developed by the Family Support Task Force will develop a system for connecting families to those leaders identified through Family to Family. The task force designed a plan and is developing strategies with other family support programs in the state to identify gaps and potential collaborative opportunities. Hancock and Madison Counties were selected in early fall as the first pilot locations. Local stakeholders have identified Family Support Link staff, and the pilot project will launch in January.

Cost Participation Implementation

In early 2002 the lead agency will complete the second draft of cost participation rule language to be published for public comment. Public hearings will be held in three regions across the state and input utilized to make any necessary revisions to the rule. The final rule is approved through the Family and Social Services Administration Rules Committee. In order to implement cost participation, impact on the data system will be analyzed and system modifications completed to support the administration of the cost participation process. Much activity will occur around training for intake coordinators and service coordinators. Materials will be developed for families to help explain cost participation and its implication for families and children. The target for implementation is July 2002.

Additional System Goals and Challenges for the Coming Year

- Supporting families and providers in gaining understanding and providing all services within the context of naturally occurring routines and activities of the child and family.
- Increasing collaboration and input across all areas of early childhood issues.
- Strengthening family input into the development, implementation, and monitoring of First Steps system.
- Adequate financial resources to maintain and strengthen the First Steps system.
- Maintaining the Vision of First Steps.
- Increasing the number of community transition teams participating in the Indiana State Transition Initiative.

Every child's
potential
is an uncommon
and marvelous
adventure.

Funding and Function

A primary responsibility of Indiana First Steps Early Intervention System

is to facilitate the coordination of payment for early intervention services

from federal, state, local, and private resources.

The following funds are managed directly by First Steps.

A. Sources of Funding & Other Support

Summary of Funding

Funds	Revenues	Type of Activities Supported
Federal IDEA Part C	\$7,830,010	All Early Intervention Direct Services, Coordination and Administration
Social Services Block Grant Early Intervention	\$16,290,302	All Early Intervention Direct Services
State Early Intervention	\$7,708,433	All Early Intervention Direct Services, Coordination and Administration
TANF Federal and State Maintenance of Effort (MOE)	\$28,810,655	Service Coordination, Special Instruction, Family, Training Medical Services
Total:	\$60,639,400	

The following sources of funding, although not administered by First Steps, are utilized in coordination of payments and are listed with projected funding levels:

Title V – Social Security Act (Maternal/Child Health), Indiana Children's Special Health Care Services	\$400,000	Early Intervention Medical/Therapy Services
Title XIX – Social Security Act (Medicaid and EPSDT)	\$9,330,589	Early Intervention Medical/Therapy Services
Total:	\$9,730,589	

These sources are all addressed in the Interagency Agreement for Provision of Services to Young Children.

B. Description of how the aforementioned funds were used

The above funding sources represent the total dollars available to contribute to the early intervention system. Of these dollars, the Federal IDEA, Part C Actual Expenditures for the 15-month period covering 7/1/00 to 9/30/01 were:

Administration Costs	\$1,130,618
Program Expenditures	\$5,287,958
Total First Steps 2000-2001 Expenditures	\$6,418,576

* Because of different state and federal fiscal calendars, these amounts show actual expenditures, not amounts that have been committed but not yet paid.



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